

**Carl D. Perkins Vocational and Technical Education Act of 1998
and/or State Vocational Education
FY2004 BUDGET DETAIL FORM C - TEACHER SALARIES**

FUNCTION & OBJECT CODE 100-100 ONLY

A. ____ SECONDARY ____ POSTSECONDARY	B. PERKINS PROJECT NUMBER: _____ 04
C. ELIGIBLE RECIPIENT:	D. DISTRICT/COLLEGE/AGENCY CODE:
E. COUNTY:	F. COUNTY CODE:

G. CIP CODE	H. GOAL & OBJECTIVE NUMBER	I. STANDARD AND MEASURE	J. TITLE of POSITION and NAME of TEACHER (if known)	K. COST CALCULATION For full-time positions: total annual salary X percent of time to the grant project = total For part-time positions: rate (\$) per hour X number of hours per week X number of weeks employed = total	L. GRANT REQUEST AMOUNT
					\$
M. SALARIES TOTAL					\$

N. Date: _____ Amendment?: Y/N _____

INSTRUCTIONS
FY2004 BUDGET DETAIL FORM C

- ☐ **PERSONAL SERVICES – TEACHER SALARIES - CODE 100-100**
- ☐ **PERSONAL SERVICES – NONINSTRUCTIONAL SALARIES - CODE 200-100**

Note: **There are two different salary forms. Use the correct form for the Function and Object Code.**

Instructions below apply to both forms.

- A. Indicate whether the grant is for secondary or postsecondary programs;
- B. Enter the Perkins Project Number. The Perkins Project Number consists of the type of grant plus the district/college/agency code plus the last two digits of the fiscal year;
Note: All secondary project numbers begin with PERK. Example: PERK 0000 – 04 .
All Postsecondary project numbers begin with PSFS. Example: PSFS 0000 – 04)
- C. Enter the name of the Eligible Recipient;
- D. Enter the code number of the district/college/agency;
- E. Enter the name of the county;
- F. Enter the two-digit county code;
- G. CIP Code: Enter the CIP code(s) of the approved occupational program(s) for which the expenditure is intended;
- H. Goal and Objective Number: Enter the Goal(s) and Objective(s) number(s) from the approved Multi-year Plan that will be addressed by the expenditure of funds for this position;
- I. Enter one or more of the following code(s) for the Standard(s) and Measure(s) being addressed by the expenditure.
 - Academic Proficiency - AP
 - Evidence of Completion - C
 - Vocational-Technical Skill Proficiencies - VT
 - Placement Achievement – P
 - Non-Traditional Training - NT
- J. Title of Position and Name of Employee/Teacher: Enter the title of each position for which benefits are requested. Enter the name of the employee, if known at time of submission;
- K. Cost Calculation: Show the cost calculation (using the formula on the form) to calculate the amount of salary requested for each position. For full-time positions, multiply the percent of time the position will spend on grant activities times the total annual salary to determine the amount chargeable to the grant for the position;
- L. Grant Request Amount: Enter the amount to be funded by the grant, derived from the formula in column L;
- M. Salaries Total: Add the salaries being requested and enter the amount in M; and
- N. **If this is the original submission of the plan, enter “no” on the “Amendment?” line. Enter “yes” if this is an amendment to the original approved plan.**